

Beiersdorf 756.1-KGB/TAG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Knuppel et al.  
Serial No. : 10/017,157  
Filed : 14 December 2001  
For : Use of polyurethanes for improving the water resistance of  
cosmetic or dermatological formulations  
Art Unit : 1617  
Examiner : Lauren Q. Wells

---

May 25, 2004

Hon. Assistant Commissioner  
For Patents  
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME (37 CFR 1.136(a))

Sir:

1. This is a petition to extend the period of time one (1) month for filing a response to the Office Action dated 26 November 2003.

2. Applicant is:

☐ a small entity  
☒ other than small entity


| 3. <u>Extension</u><br><u>(months)</u>        | <u>Fee for other than</u><br><u>small entity</u> | <u>Fee for</u><br><u>small entity</u> |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> one month | \$ 110.00  | \$ 55.00                              |
| <input type="checkbox"/> two months           | \$ 420.00  | \$210.00                              |
| <input type="checkbox"/> three months         | \$ 950.00  | \$475.00                              |
| <input type="checkbox"/> four months          | \$1,480.00                                       | \$740.00                              |
| <input type="checkbox"/> five months          | \$2,010.00                                       | \$1,005.00                            |

Fee \$ 110.00

4. A Preliminary Amendment and Request for Continued Examination are filed herewith.
5. Charge the petition fee to Deposit Account No. 14-1263 and for any additional fee required or credit for any excess fee paid. A duplicate of this petition is attached.

Respectfully submitted,

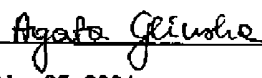
NORRIS MCLAUGHLIN & MARCUS, P.A.

By   
Theodore A. Gottlieb  
Reg. No. 42,597

TAG:ag

220 East 42nd Street, 30th Floor  
New York, New York 10017  
(212) 808-0700

I hereby certify that this correspondence is  
being facsimile transmitted to:  
Commissioner for Patents,  
Alexandria, VA 22313-1450

  
Date May 25, 2004

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$880.00

**Complete if Known**

|                      |                              |
|----------------------|------------------------------|
| Application Number   | 10/017,157                   |
| Filing Date          | December 14, 2001            |
| First Named Inventor | Knuppel et al.               |
| Examiner Name        | Lauren Q. Wells              |
| Art Unit             | 1617                         |
| Attorney Docket No.  | Beiersdorf 756.1/ 100718-360 |

| METHOD OF PAYMENT (check all that apply)  |                            | FEE CALCULATION (continued)   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
|---|----------------------------|---|--------------|----------------------------|----------------------------|-----------------|----------|----------|---------|-------------------------------------|---|---------|---------|--|--|----------|----------|---|--|----------------------------|----------------------------|---|----------|-----------|-----------|--|--|-------------|-------------|---|--|----------|----------|--|--------|----------|----------|--|--|----------|----------|--|--|-------------------|----------|---|--|------------|------------|--|--|----------|----------|------------------|--|----------|----------|--|--|----------|----------|--------------------------|--|------------|------------|---|--|----------|---------|----------------------------------|--|------------|----------|------------------------------------|--|------------|----------|--------------------------------|--|----------|----------|------------------|--|----------|----------|-----------------|--|----------|----------|-------------------------------|--|---------|---------|---------------------------------------|--|----------|----------|--|--|---------|---------|--|--|----------|----------|---|--|----------|----------|--|--|----------|----------|---|--------|----------|----------|---|--|---------------------|--|--|--|-------------------|--|--|--|--|--|--------------|--------------|----------------|----------|------|---|---|------|-----|---|---|------|--------------------|--|--|--|---|--|----------------------------|----------------------------|-----------------|----------|---------|--------|------------------------|--|---------|---------|-----------------------------------|--|----------|----------|---------------------------------------|--|---------|---------|--|--|---------|--------|--|--|-------------------|--|-------|--|--|--|-----------------------------------|--|--|--|----------------------------|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 14-1263<br>Deposit Account Name: Norris, McLaughlin & Marcus<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. |                            | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051 130</td> <td>2051 65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052 50</td> <td>2052 25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053 130</td> <td>1053 130</td> <td>Non - English specification</td> <td></td> </tr> <tr> <td>1812 2,520</td> <td>1812 2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804 920*</td> <td>1804 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805 1,840*</td> <td>1805 1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251 110</td> <td>2251 55</td> <td>Extension for reply within first month</td> <td>110.00</td> </tr> <tr> <td>1252 420</td> <td>2252 210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253 950</td> <td>2253 475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254 1,480</td> <td>2254 740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255 2,010</td> <td>2255 1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401 330</td> <td>2401 165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402 330</td> <td>2402 165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403 290</td> <td>2403 145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451 1,510</td> <td>1451 1,510</td> <td>Petition to Institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452 110</td> <td>2452 55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453 1,330</td> <td>2453 665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501 1,330</td> <td>2501 665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502 480</td> <td>2502 240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503 840</td> <td>2503 320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1480 130</td> <td>1480 130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807 50</td> <td>1807 50</td> <td>Processing fee under 37 CFR § 1.17(q)</td> <td></td> </tr> <tr> <td>1806 180</td> <td>1806 180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021 40</td> <td>8021 40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809 770</td> <td>2809 385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810 770</td> <td>2810 385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801 770</td> <td>2801 385</td> <td>Request for Continued Examination (RCE)</td> <td>770.00</td> </tr> <tr> <td>1802 900</td> <td>1802 900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="2">Other fee (specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (1) (\$)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b><br/> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20**</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>3**</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </td> <td colspan="2"> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (2) (\$)</td> <td colspan="2">50.00</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="2">**or number previously paid, if greater. 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| 1051 130  | 2051 65                    | Surcharge - late filing fee or oath   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1052 50   | 2052 25                    | Surcharge - late provisional filing fee or cover sheet  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
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| 1812 2,520  | 1812 2,520                 | For filing a request for ex parte reexamination   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1804 920*   | 1804 920*                  | Requesting publication of SIR prior to Examiner action  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1805 1,840*   | 1805 1,840*                | Requesting publication of SIR after Examiner action   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1251 110  | 2251 55                    | Extension for reply within first month  | 110.00       |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1252 420  | 2252 210                   | Extension for reply within second month   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1253 950  | 2253 475                   | Extension for reply within third month  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1254 1,480  | 2254 740                   | Extension for reply within fourth month   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1255 2,010  | 2255 1,005                 | Extension for reply within fifth month  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1401 330  | 2401 165                   | Notice of Appeal  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1402 330  | 2402 165                   | Filing a brief in support of an appeal  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1403 290  | 2403 145                   | Request for oral hearing  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1451 1,510  | 1451 1,510                 | Petition to Institute a public use proceeding   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1452 110  | 2452 55                    | Petition to revive - unavoidable  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1453 1,330  | 2453 665                   | Petition to revive - unintentional  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1501 1,330  | 2501 665                   | Utility issue fee (or reissue)  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1502 480  | 2502 240                   | Design issue fee  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1503 840  | 2503 320                   | Plant issue fee   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1480 130  | 1480 130                   | Petitions to the Commissioner   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1807 50   | 1807 50                    | Processing fee under 37 CFR § 1.17(q)   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1806 180  | 1806 180                   | Submission of Information Disclosure Statement  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 8021 40   | 8021 40                    | Recording each patent assignment per property (times number of properties)  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1809 770  | 2809 385                   | Filing a submission after final rejection (37 CFR § 1.129(a))   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1810 770  | 2810 385                   | For each additional invention to be examined (37 CFR § 1.129(b))  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1801 770  | 2801 385                   | Request for Continued Examination (RCE)   | 770.00       |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1802 900  | 1802 900                   | Request for expedited examination of a design application   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| Other fee (specify)   |                            |   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| SUBTOTAL (1) (\$)   |                            |   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20**</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>3**</td> <td>0</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |                            | Total Claims  | Extra Claims | Fee from below             | Fee Paid                   | 20**            | 0        | 0        | 0.00    | 3**                                 | 0 | 0       | 0.00    | Multiple Dependent                                     |  |          |          | <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (2) (\$)</td> <td colspan="2">50.00</td> </tr> </tbody> </table> |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description                                 | Fee Paid | 1202 18   | 2202 9    | Claims in excess of 20                                 |  | 1201 86     | 2201 43     | Independent claims in excess of 3                   |  | 1203 290 | 2203 145 | Multiple dependent claim, if not paid  |        | 1204 86  | 2204 43  | ** Reissue independent claims over original patent |  | 1205 18  | 2205 9   | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) (\$) |          | 50.00                                   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| Total Claims  | Extra Claims               | Fee from below  | Fee Paid     |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 20**  | 0                          | 0   | 0.00         |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 3**   | 0                          | 0   | 0.00         |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| Multiple Dependent  |                            |   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description   | Fee Paid     |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1202 18   | 2202 9                     | Claims in excess of 20  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1201 86   | 2201 43                    | Independent claims in excess of 3   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1203 290  | 2203 145                   | Multiple dependent claim, if not paid   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1204 86   | 2204 43                    | ** Reissue independent claims over original patent  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| 1205 18   | 2205 9                     | ** Reissue claims in excess of 20 and over original patent  |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| SUBTOTAL (2) (\$)   |                            | 50.00   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
| **or number previously paid, if greater. For Reissues, see above  |                            | *Reduced by Basic Filing Fee Paid   |              |                            |                            |                 |          |          |         |                                     |   |         |         |  |  |          |          |   |  |                            |                            |   |          |           |           |  |  |             |             |   |  |          |          |  |        |          |          |  |  |          |          |  |  |                   |          |   |  |            |            |  |  |          |          |                  |  |          |          |  |  |          |          |                          |  |            |            |   |  |          |         |                                  |  |            |          |                                    |  |            |          |                                |  |          |          |                  |  |          |          |                 |  |          |          |                               |  |         |         |                                       |  |          |          |  |  |         |         |  |  |          |          |   |  |          |          |  |  |          |          |   |        |          |          |   |  |                     |  |  |  |                   |  |  |  |  |  |              |              |                |          |      |   |   |      |     |   |   |      |                    |  |  |  |   |  |                            |                            |                 |          |         |        |                        |  |         |         |                                   |  |          |          |                                       |  |         |         |  |  |         |        |  |  |                   |  |       |  |  |  |                                   |  |  |  |                            |  |
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| SUBMITTED BY      |                             | Complete (if applicable)          |              |
|-------------------|-----------------------------|-----------------------------------|--------------|
| Name (Print/Type) | Theodore A. Gottlieb        | Registration No. (Attorney/Agent) | 42,597       |
| Signature         | <i>Theodore A. Gottlieb</i> | Telephone                         | 212-808-0700 |
|                   |                             | Date                              | May 25, 2004 |

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